

## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (OFF PREM-CT)

### FILING CHECKLIST

#### **APPLICANTS SHOULD KEEP A COPY OF THIS APPLICATION AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.**

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

**The premises to be licensed must be solely used for providing off premises catering for not less than fifty persons. On premises consumption is not permitted with this license.**

**Applicants MUST submit the following sections of the license application when filing the application:**

|                               |   |
|-------------------------------|---|
| Application Wizard Cover Page | Method of Operation   |
| Application                   | Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc. - signed and dated) |
| Right to Premises             |   |
| Landlord Identification       | Notice of Appearance (if represented by someone other than the applicant principals)                      |
| Financial Disclosure          |   |
| Establishment Questionnaire   | Applicant's Statement (signed and dated)  |

**Applicants MUST submit the following Supporting Documents when filing the application:**

Bond, Form L-9 (signed by an applicant principal and expiring at the end of the initial licensing term)  
Detailed Diagrams of the interior of the premises (see diagram instructions and examples at the end of this application)  
Financial Records showing the source and availability of funds to be used for the venture  
Lease/Deed/Contracts (you must provide proof that you have full control over the premises)  
Menu  
Photo Identification for all applicant principals (copies only)  
Photos of applicant principals  
Photos of the proposed premises (exterior and interior - including bar, kitchen/food preparation area)  
Proof of Country of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (e.g., copy of Birth Certificate, US Passport, Certificate of Naturalization, Permanent Resident Card)  
Submission of all the fees associated with this application (see Application Wizard Cover Page)

**Applicants MUST submit the following Supporting Documents before a license can be issued (Conditions of Approval):**

|   |  |
|---|--|
| Assumed Name Filing Receipt (if DBA is used)      | NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership             |
| Certificate of Authority to Collect NYS Sales Tax | Photos of the premises showing it ready to open and operate  |
|   | Workers' Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage |

## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (OFF-PREM-CT)

*It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.*

### 1. APPLICANT

Name of Applicant:

*(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)*

Trade Name(DBA): *(see instructions) \*\* must be provided if premises will be called by any name other than as listed in the "Name of Applicant"*

Premises Street Address:

City: \_\_\_\_\_, NY Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number of Premises (include area code): \_\_\_\_\_

Mailing Address (if different than above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

Business Website: \_\_\_\_\_

### 2. CONTACT (if different than applicant)

Name of Contact: \_\_\_\_\_ Attorney Representative Contact Person

Office Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number of Office (include area code): \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

### 3. Federal Tax ID Number:

### 4. Certificate of Authority to Collect NYS Sales Tax:

| [OFFICE USE ONLY] |                       |             |                       |
|-------------------|-----------------------|-------------|-----------------------|
| DATE FILED:       | <input type="text"/>  | SERIAL #:   | <input type="text"/>  |
| Approved          | <input type="radio"/> | Disapproved | <input type="radio"/> |
|                   |                       |             | <input type="text"/>  |
|                   |                       |             | Date                  |
|                   |                       |             | License Board Member  |

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

**8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS** (attach additional sheets if necessary)

|                            |           |                    |               |
|----------------------------|-----------|--------------------|---------------|
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| <br>                       | <br>      | <br>               | <br>          |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| <br>                       | <br>      | <br>               | <br>          |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| <br>                       | <br>      | <br>               | <br>          |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| <br>                       | <br>      | <br>               | <br>          |

**9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS** (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

|                   |  |                    |
|-------------------|--|--------------------|
| Name of Principal | Residence  | Social Security #: |
| <br>              | <br>   | <br>               |
| Title             | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| <br>              | <br>   | <br>               |
| Name of Principal | Residence  | Social Security #: |
| <br>              | <br>   | <br>               |
| Title             | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| <br>              | <br>   | <br>               |
| Name of Principal | Residence  | Social Security #: |
| <br>              | <br>   | <br>               |
| Title             | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| <br>              | <br>   | <br>               |
| Name of Principal | Residence  | Social Security #: |
| <br>              | <br>   | <br>               |
| Title             | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| <br>              | <br>   | <br>               |

Note:

\*If 10 or less shareholders, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all shareholders owning 10% or more of any class of its shares.

\*If more than 10 shareholders, list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

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## RIGHT TO PREMISES

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### 1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

☐ Own     
 ☐ Lease     
 ☐ Sub-Lease     
 ☐ Binding contract to acquire real property     
 ☐ Written intent to lease  
 Other (explain):

**If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.**

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business?      Yes      No

If YES, please list the section/page of the lease this information can be found:

### 2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

Yes      No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

|      |         |                    |               |
|------|---------|--------------------|---------------|
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

## LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (*as it appears on lease and deed*):

2. Landlord Mailing Address

Street Address:

City:

State:

Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes

No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers?

Yes

No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

## FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors or lenders (excluding banking institutions).

**The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.**

### 1. EXPENSES (Actual or Estimated)

**1a.** Real Property (if purchased within the past year by the applicant or any of its principals):

**1b.** Purchase/Contract Price of Business (submit copy of contract):

**1c.** Renovations/Improvement Costs (e.g., furnishings, fixtures, etc.):

**1d.** Miscellaneous (any other expense related to this venture):

#### TOTAL EXPENSES

Total of lines 1a through 1d

### 2. CASH\*

\*Cash includes funds on hand that do not need to be repaid. For example, checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for **EACH** source of cash.

|                     |                                 |               |
|---------------------|---------------------------------|---------------|
| 2a. Source of Funds | Personal Questionnaire attached | Dollar Amount |
| 2b. Source of Funds | Personal Questionnaire attached | Dollar Amount |
| 2c. Source of Funds | Personal Questionnaire attached | Dollar Amount |

#### TOTAL CASH

Total of All Cash Expended

### 3. BORROWED\*

\*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.

|                     |                                 |               |
|---------------------|---------------------------------|---------------|
| 3a. Source of Funds | Personal Questionnaire attached | Dollar Amount |
| 3b. Source of Funds | Personal Questionnaire attached | Dollar Amount |
| 3c. Source of Funds | Personal Questionnaire attached | Dollar Amount |

#### TOTAL BORROWED

Total of All Borrowed Funds

### 4. Have all investors been disclosed in this application?

Yes      No

#### TOTAL INVESTMENT

Total Cash plus Total Borrowed

*The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one (21), police officers and anyone with an interest in a wholesale or manufacturing license.*

|                                |  |
|--------------------------------|--|
| OFFICE USE ONLY                |  |
| <input type="radio"/> Original | <input type="radio"/> Amended Date _____ |

## ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section.**  
**See sample diagrams at the end of this application.**

### 1. Zoning

1a. State what the area is zoned for:  
 (e.g., Residential, Business, Mixed etc.)

### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee:

License Serial Number:

|                                |   |
|--------------------------------|---|
| OFFICE USE ONLY                |   |
| <input type="radio"/> Original | <input type="radio"/> Amended      Date _____ |

### 3. Premises (interior):

3a. List the total number of floors in the building as a whole, including the basement:

3b. List the floor(s) where the proposed premises will be located:  
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).

Yes                  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
(e.g., hallway, stairwells, common areas, etc.)

Yes                  No

If YES, describe:

4. Does the premises have adequate kitchen facilities for the preparation of meals for at least 50 persons?      Yes                  No



☐ Original☐ Amended

OFFICE USE ONLY

Date

## PROPOSED METHOD OF OPERATION

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment being operated.*

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?      Yes      No  
(If YES, please provide details on a separate sheet)

2. Will the business employ a manager?      Yes      No

2a. If NO, will the principal(s) manage?      Yes      No

3. How many employees? (excluding principals and security personnel)

3a. If the answer is "0" please provide an explanation:

4. Provide a detailed plan of supervision for the events to be licensed. Clearly describe how you will maintain control and order over the event premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly guests, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

- LICENSEE WILL BE REQUIRED TO OBTAIN AN OFF-PREMISES CATERING ESTABLISHMENT EVENT PERMIT FOR EACH EVENT
- THE FUNCTION/EVENT MUST BE PRIVATE (NOT OPEN TO THE PUBLIC). IT SHOULD BE INVITATION/RSVP IN ADVANCE WITH GUEST LIST OR TICKET PURCHASE IN ADVANCE.
- PLEASE REVIEW ADVISORY #2022-36 FOR CATERING EVENT PERMIT CONDITIONS

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## APPLICANT STATEMENT

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I, [print name]  
 (the sole proprietor, partner, corporate principal or, LLC/LLP member)  
 understand that the State Liquor Authority will rely on each and every answer in the application and  
 accompanying documents in reaching its determination and state, under penalty of perjury, that all  
 statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement  
 of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the  
 licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt  
 of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that  
 failure to give such notice may result in disapproval of the application or revocation or non-renewal of any  
 license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the  
 application, including, but not limited to the licensee's method of operation and the identity of persons  
 with an ownership or financial interest in the licensed premises; and that all statements and  
 representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and  
 consumption of alcoholic beverages, must be reported to the Authority and may require the approval of  
 the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of  
 the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the  
 statements and representations made in the application may result in revocation of any license for which  
 the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the  
 application or revocation or non-renewal of any license for which this application is submitted.

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 Signature

---

 Date

## PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.  
(e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)  
b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.  
c. Make duplicate blank forms as necessary.  
d. Answer all questions below.  
e. Attach additional sheets if more space is needed.

### Name of Applicant

#### 1. STATE OF IDENTIFICATION

Print **YOUR** name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Street Address \_\_\_\_\_ Gender \_\_\_\_\_  
Male Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Residence Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_ U.S Citizen \_\_\_\_\_ If NOT U.S. citizen - country of citizenship \_\_\_\_\_  
Yes No

Married \_\_\_\_\_ If Married, Spouse Name \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_  
Yes No

#### 2. POSITION (or interest) you will hold (check each);

|                  |                      |                    |                         |
|------------------|----------------------|--------------------|-------------------------|
| President        | Director             | Stockholder -----> | Number of shares owned  |
| Vice President   | Manager              | LLC Member ----->  | Percentage of ownership |
| Secretary        | Partner              | LLC Manager        |                         |
| Treasurer        | General Partner      | Lender*            |                         |
| Chairman         | Limited Partner      | Donor*             |                         |
| Officer          | Sole Proprietor      | Guarantor*         |                         |
| ABC Officer      | Joint Account Holder | Trustee            |                         |
| Other (describe) |                      |                    |                         |

\*If Lender, Donor, or Guarantor please state your relationship to the applicant.

Print **YOUR** Name

**3. RESIDENCE HISTORY**

List your residence history for the past FIVE (5) years to the PRESENT DATE.

|         |                             |
|---------|-----------------------------|
| Address | From (mm/yyyy) To (mm/yyyy) |
| Address | From (mm/yyyy) To (mm/yyyy) |
| Address | From (mm/yyyy) To (mm/yyyy) |
| Address | From (mm/yyyy) To (mm/yyyy) |

**4. EMPLOYMENT HISTORY**

List your employment history for the past FIVE (5) years to PRESENT DATE.  
Also, list any employment history that shows experience in the alcohol industry.  
Add additional sheets if necessary.

|                             |                  |
|-----------------------------|------------------|
| From (mm/yyyy) To (mm/yyyy) | Employer         |
| Position                    | Employer Address |
| Type of Business            |                  |
| From (mm/yyyy) To (mm/yyyy) | Employer         |
| Position                    | Employer Address |
| Type of Business            |                  |
| From (mm/yyyy) To (mm/yyyy) | Employer         |
| Position                    | Employer Address |
| Type of Business            |                  |

Print **YOUR** Name

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes      No

5(b) Will you take an active part in the operation of the business to be licensed? Yes      No  
If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes      No

If YES, please provide information below:

Business Name

Business Address

Type of Interest

Date Interest Began    License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began    License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began    License Serial Number

Print **YOUR** Name**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?

Yes      No

If YES, please provide information below:

|                   |   |
|-------------------|---|
| Name of Applicant | Address of Premises                       |
| Disposition       | Date of Filing      License Serial Number |
| Name of Applicant | Address of Premises                       |
| Disposition       | Date of Filing      License Serial Number |
| Name of Applicant | Address of Premises                       |
| Disposition       | Date of Filing      License Serial Number |
| Name of Applicant | Address of Premises                       |
| Disposition       | Date of Filing      License Serial Number |

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated**?

Yes      No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer?

Yes      No

If YES, please provide details:

Print **YOUR** Name**6. CONVICTION RECORD AND PENDING CRIMINAL CASES**

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?

|               | YOU | Yes | No |
|---------------|-----|-----|----|
| <b>SPOUSE</b> |     | Yes | No |

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAII)?

|               | YOU | Yes | No |
|---------------|-----|-----|----|
| <b>SPOUSE</b> |     | Yes | No |

***If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.***

***If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.***

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

|  | YOU | Yes | No             |
|--|-----|-----|----------------|
|  |     |     | Not Applicable |

***If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.***

|  | SPOUSE | Yes | No             |
|--|--------|-----|----------------|
|  |        |     | Not Applicable |

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

|               | YOU | Yes | No |
|---------------|-----|-----|----|
| <b>SPOUSE</b> |     | Yes | No |

If YES, please provide a copy of the Accusatory Instrument.

**7. Do you have any relationship with the current / past owner of the business at this location?**

|               | YOU | Yes | No |
|---------------|-----|-----|----|
| <b>SPOUSE</b> |     | Yes | No |

If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

8. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Original☐ Amended

OFFICE USE ONLY

Date

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## DIAGRAM INSTRUCTIONS

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**All diagrams must be submitted on 8-1/2" x 11" sheets of paper.**

**Do not use graph paper as this cannot be clearly scanned.**

**Diagrams:**

- Each and every floor should have its own diagram (including any floor used for the storage of alcoholic beverages or office space where books and records are maintained.) Label each floor (e.g., basement, ground floor, second floor, etc.)
- Provide the interior and exterior dimensions of the premises.
- Label all rooms, including but not limited to: storage rooms, offices, restrms, etc.
- Show all interior and exterior walls, entrances and exits, stairways elevators, trap doors, sanitary facilities, display windows or other openings, counters, closets, shelves, storage areas and any other notable features. Leave space between the exterior walls and paper's edge.
- If the premises occupies a portion of a floor, depict the entire floor of the building and show the proposed licensed premises' location on the floor. Show all points of access to and from the premises and label any shared/common areas.
- If the premises is a structure other than a building the diagram must clearly depict all aspects of the structure.



| OFFICE USE ONLY                |                               |            |
|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

## Example of a Premise Diagram

